

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26	/						76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31	/						81				
32		/					82				
33		/					83				
34		/					84				
35	/						85				
36		/					86				
37		/					87				
38		/					88				
39	/						89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	14						TOTAL DEP.				
TOTAL CLAIMS	18						TOTAL CLAIMS				